



World Health
Organization

Report on the expert consultation on positive synergies
between health systems and Global Health Initiatives,
WHO, Geneva, 29-30 May 2008



maximizing **positive**
synergies

between health systems
and Global Health Initiatives



The work of WHO on positive synergies between health systems and Global Health Initiatives is being undertaken in collaboration and with the financial support of Cooperazione Generale allo Sviluppo, Ministry of Foreign Affairs, Rome, Italy.

Summary of key issues arising

In May 2008, the World Health Organization (WHO) convened a meeting that signaled the beginning of a broad-based, international consultative process for driving forward the rapid development of global guidance on maximizing positive synergies between health systems and Global Health Initiatives (GHIs). Around 150 representatives from health systems, GHIs, governments, policy makers, donors, funding and other technical experts from multilateral and bilateral agencies, as well as professional organizations, academic institutions, civil society and the private sector attended the two-day consultation in Geneva.

Background to the meeting

A shared commitment to the Millennium Development Goals

The WHO consultation on positive synergies comes at a time when global commitment to improving public health has never been stronger. Development assistance for health in low- and middle-income countries has doubled in the last five years and political commitment to achieving the health-related Millennium Development Goals (MDGs) is unprecedented. However, since the goals were agreed in the year 2000, the persistence of communicable diseases, the effects of long term under-investment, the impact of the HIV epidemic and a range of other health challenges have all conspired to stall progress. As the 2015 target draws closer, actors in public health have renewed their efforts on many fronts to accelerate the delivery of better health outcomes.

The growth of the Global Health Initiatives

One response has been a new trend in international assistance with the emergence of a variety of actors that have become known as Global Health Initiatives (GHIs). These initiatives are characterized by a focus on specific diseases, products or populations and commonly include an element of public-private partnership. Some of the largest and best known of the GHIs include the Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund), the Global Alliance for Vaccines and Immunization (GAVI) and the US President's Emergency Plan for AIDS Relief (Pepfar). In total, over 80 GHIs are now active in the field of public health.

These global initiatives have been successful in dramatically raising the level of resources for health, in part because of their specificity and in part through their focus on linking inputs to results.

The importance of robust health systems

However, through their interventions, the GHIs have exposed critical weaknesses in the broader fabric of resource-constrained health systems. In a vicious circle, diseases such as malaria, tuberculosis, HIV and vaccine preventable diseases have eroded some health systems so severely that they lack the capacity to successfully implement the programmes that are designed by the GHIs to tackle these very diseases. Furthermore, the selective approach to health services that has been adopted by the GHIs may, in some cases, also have the unintentional effect of further eroding the capacity of health systems to respond to more generalized health needs.

In response to these challenges, there has been heightened commitment from all stakeholders to strengthening broader health systems in relation to infrastructure, human resources, supply chain management, health information systems, health financing and integrated health policy.

The need to ensure maximum gains for global public health

The WHO consultation on positive synergies was convened in response to a widening recognition of the urgent need to address the challenges that are intrinsic to the relationship between overall health systems strengthening efforts and the selective interventions of the GHIs. There seems little doubt that positive synergies exist between the two. But the consultation faced the question: are these synergies being vigorously exploited by all stakeholders to ensure maximum mutual added value? Or are new opportunities for improving public health in low- and middle-income countries being missed?

The concept of positive synergies

Moving from spill-overs to positive synergies

The meeting acknowledged that the significant financial resources that flow into countries' health services through the GHIs have broader ramifications for systems as a whole and can produce so-called "spill-overs". These spill-overs are often positive but there is also a risk that they could have a negative impact on country capacity to address the broader health needs of the population.

The time has come to move from the current situation, where these impacts may be unplanned and unexpected, to a more systematic framework of active management. Such a framework will assist both countries and GHIs in mitigating any negative effects and enhancing approaches that make a sustainable contribution to the comprehensive agenda of improved public health outcomes.

The need for a policy and technical framework

Converting spill-overs to positive synergies will require concerted action that is based on knowledge of what works and what does not.

Developing such a knowledge base will necessitate a process of broad consultation and a programme of work to compile and evaluate the wealth of existing information within a logical framework. In addition, it may be necessary to undertake some additional research work to fill knowledge gaps where these are identified.

Translating this knowledge into action that is evidence-based demands the urgent development and implementation of a global policy and technical framework. This will serve to guide both health systems, and GHIs, to ensure that mutual threats are recognized and avoided and that synergies are identified and built upon.

The consultation represented the first step in this process.

Primary Health Care as a unifying framework

The importance of the social and environmental determinants of health

Both health systems strengthening and selective health interventions can improve the health of populations and save lives. But neither will lead automatically to equity and universal access to health services. Many stakeholders are united in the belief that making healthcare accessible to poor and marginalized communities also requires the firm establishment of a mindset where

social justice, human rights, social participation and intersectoral collaboration are the guiding principles. This understanding of the social and environmental determinants of health lies at the heart of Primary Health Care as it was defined in the WHO Alma Ata Declaration of 1978.

Exploiting positive synergies can be a catalyst for the renewal of Primary Health Care

The endeavor to identify and exploit the positive synergies between health systems and GHIs sits firmly within a renewed Primary Health Care agenda. As such, many actors agree that the work must be guided by a focus on policy options that are consistent with the principles of equity and human rights.

Huge potential added value could be generated if health systems and GHIs were to work consistently within a mutually reinforcing framework. Releasing this potential could bring about a step change in the delivery of health services that are equitable and available to all those who need them.

The importance of coordination for effectiveness

An urgent call for harmonization and alignment

There are widespread concerns around the effects of the proliferation of actors in global public health and the complexity of the channels and systems through which funds and commodities are now provided. The need for coordination, harmonization and alignment is strongly felt. In particular, countries face the challenges of excessive reporting requirements, conflicting time frames in planning and funding cycles and parallel bureaucracies.

These concerns have generated a series of international commitments towards harmonization and alignment. These efforts are now being coordinated under the International Health Partnership and related initiatives (IHP+) to ensure that they translate into progress in countries.

The International Health Partnership (IHP+) provides the political context

The work on positive synergies is closely wedded to the global agenda for harmonization and alignment and is consistent with the ongoing work of the IHP+.

However, an important distinction can be drawn between support for overarching coordination efforts and the specific objectives of identifying and exploiting positive synergies between health systems and GHIs.

Recognizing current country experiences

Growing awareness of the need for health systems and GHIs to operate in ways that are mutually supportive has prompted those who are responsible for health systems to actively adopt measures that can help integrate and maximize the impact of GHIs.

The following list notes a few selected country examples. Some of these examples show how the countries have used support from the GHIs to strengthen health systems – either by explicit design or through positive spill-overs. Others show how an existing strong health system can facilitate rapid scale-up of the priority disease interventions that are supported by the GHIs.

Brazil

The right to health is enshrined in the constitution of Brazil and all Brazilians are entitled to free care at the point of delivery, financed by general taxation and social contributions. Since 1999 Brazil has invested in a major expansion of family health teams. These teams provide a range of health services throughout the country and have shown a positive impact on rates of immunization, child mortality and on chronic disease. With support from the GHIs, national disease specific programmes for HIV/AIDS, tuberculosis and cancer have been integrated within this strong framework for the delivery of health services and have produced significant improvements in public health outcomes.

Dominica

In 1981, Dominica adopted a Primary Health Care agenda and has focused on establishing a robust and decentralized health care infrastructure. Dominica is a small country with resource constraints but has benefited from political commitment and strong leadership in the health sector. Strong governance mechanisms were established, including decentralized administration supported through regular dialogue. Successful scale-up of the HIV response has been achieved, with support from GHIs, by integrating HIV services within the broader framework of Dominica's primary health care system. GHIs have also supported infrastructural development including information systems.

Ethiopia

The development of one strong national health plan has enabled Ethiopia to maximize the impact that resources flowing from the GHIs for priority diseases can have on strengthening the country's health system as a whole. GHIs have supported Ethiopia with the implementation of the task shifting approach for the rapid expansion of the health workforce. This has produced large scale community mobilization for the provision of HIV services and has also resulted in a corresponding scale-up in general health services at the community level. Investment in training and recruiting data clerks to produce patient level data for national anti-retroviral therapy records has led to a strengthening of family health cards. Ethiopia has also used financial resources from GHIs as a lever to motivate regional authorities to match these funds with additional resources for health.

Haiti

In Haiti, the government has established an ambitious partnership with GHIs and the non-governmental sector to expand access to HIV services among marginalized communities. This HIV Equity Initiative was designed from the outset to simultaneously strengthen health systems by building HIV services on the foundations of a range of key services (voluntary counselling and testing, detection of tuberculosis and treatment with DOTS, women's health, reproductive health, prevention of mother-to-child transmission and the detection and treatment of sexually transmitted infections). The programme has produced very significant increases in the numbers receiving treatment for HIV over six years, but also an equally significant increase in the number of people seeking a range of other health services such as immunization and antenatal care.

Malawi

Political commitment and creativity have helped Malawi to negotiate a successful collaboration with GHIs to strengthen and expand human resources for health – a key element of the health system. Faced with a severe HIV epidemic and crippling health workforce shortages, Malawi has collaborated with GHIs and other donors to overcome fiscal constraints and to implement an Emergency Human Resource Plan. Through task shifting, training and salary top-ups Malawi has been able to expand the health workforce to deliver HIV services and has also been able to meet new demand for a range of health services at the community level.

Rwanda

In Rwanda, strong country-led processes and national coordination has ensured that the disease-specific contributions of the GHIs have reaped many benefits for other essential health services and for the health system as a whole. A study of the expanded HIV programme has found no corresponding declines in other primary health care services and, on the contrary, there have been significant increases in other areas of provision, especially in antenatal care. Active planning and strong national coordination mechanisms have allowed Rwanda to utilize the infusion of resources from the GHIs to invest in infrastructure and to expand health service delivery through much of the country.

Thailand

In Thailand, long term national investment in infrastructure and human resources for health has produced a robust health system. Faced with an emerging HIV epidemic, Thailand integrated GHIs into the national health plan. This collaboration with the GHIs has achieved rapid scale-up of HIV services and has facilitated the expansion of health services to reach marginalized and hard-to-reach communities and minorities. With the national health plan financed from other sources, the contributions of the GHIs have been additional and the priority disease interventions have not compromised the long term sustainability of the system as a whole.

Recognizing the commitment of the Global Health Initiatives

Tough decisions for the GHIs

It is clear that weak health systems are limiting the effectiveness of the GHIs. As a result, many of the GHIs now invest in certain aspects of health systems, particularly in relation to issues such as human resources for health. Nevertheless, the extent to which GHIs can play an explicit role in systems strengthening remains a matter for debate at the management level. For example, the GAVI Board members differed widely over the decision to open the health systems window and the role of the Global Fund in health systems strengthening has been the subject of five years of discussion among members of the Board.

Generally speaking, the major GHIs such as GAVI, the Global Fund and PEPFAR are supporting health systems in three ways: by direct funding of health systems components; through the positive externalities that derive out of their support to disease-targeted programmes; and through the economic and other benefits that accrue to populations through a reduction in the burden of priority diseases.

Support to health systems by the GHIs usually corresponds directly to the need to maximize their investments and promote achievement of their core mission objectives relating to specific and selective elements of the public health agenda.

The importance of country leadership and external technical support

Good examples can be found to demonstrate the potential for the activities of the GHIs to act as an entry point for health systems strengthening. However, many of the most successful efforts have been the result of country-led activity and have required exceptional country leadership, or strong internal governance at the national level.

In fact, when the Global Fund made an explicit call to countries for funding applications for health systems strengthening, the Fund was unable to attract enough sufficiently high quality applications in response. The likely explanation seems to be that a lack of sufficient technical capacity at the country level is limiting the ability of weaker countries to fully exploit the expanding potential of the Global Fund, and of other GHIs, for health systems strengthening.

Building systems around priority diseases

The Global Polio Eradication Initiative and the African Programme for Onchocerciasis Control (APOC) are examples of the disease specific programmes of WHO. Both had their origins in a successful campaign approach. However, both have achieved a gradual transformation through mainstreaming of their activities as an integrated part of the health system. More than 40% of staff time funded through the Polio Eradication Initiative is now dedicated to the provision of other health services and the community directed treatment networks of APOC are now being used by the national health systems to deliver a range of health services.

The distinct strengths of the GHIs

The GHIs have attracted vast new resources from outside traditional development assistance precisely because their objectives and operating procedures have appealed to the motivations and fostered the trust of the private sector, philanthropists and civil society. For example, the performance-based funding framework, characteristic of many of the large GHIs, is consistent with the fact that these initiatives have their origins in a competitive business model and are effectively answerable to global “shareholders”.

Handling inherent contradictions

These business models may not be naturally amenable to a focus on the social and environmental determinants of health, or on reaching the most marginalized – fundamental principles in the comprehensive primary health care agenda. In practical terms, the procedures and practices of GHIs usually bear a direct relationship to those factors that have made them successful.

For example, it has been difficult for the Global Fund to participate in the Sector Wide Approach (SWAp) because its results-based reporting requirements make it hard to match the SWAp mechanisms. In another example, the strong high level organizational structures of the GHIs correspond with a weak country presence. This can be an obstacle to nurturing understanding around complex national health systems issues. With respect to the call for GHIs to operate within national health plans – widely acknowledged as a key tool for improving the harmonization and effectiveness of aid – similar challenges arise if these plans are not robust and detailed enough to secure the confidence of the GHIs and to help their representatives make related funding decisions.

In the face of these inherent contradictions, the search for positive synergies will require flexibility and creativity on both sides of the equation – both from health systems and from the GHIs.

Consolidating information and experience to guide policy

A wealth of relevant information exists

While it is apparent that a large amount of relevant information already exists, it is equally clear that this material is widely scattered and also that much useful experience may be insufficiently documented. The first challenge is to harness, compile and evaluate the numerous strands within a logical framework that is sufficient to convert “information” to “evidence”. The second challenge will be to undertake the essential additional research that may be required to fill any knowledge gaps that remain.

The research endeavor will need to utilize multiple methodologies in order to capture knowledge wherever it exists. A particular challenge will be to find a methodology that can accommodate the possible disparities between information which is formally recorded and knowledge of “the reality” that is only informally shared.

Those who are engaged in evaluation and research must be guided by the principles of coordination and collaboration so that evidence is not fragmented and so that unnecessary and additional workload is avoided – especially at the country level where human resources may be severely constrained.

The importance of country driven processes

There should be a strong focus on country-driven processes for evaluating the information gathered and any research efforts should contribute to enhancing national capacity for data generation and analysis. Civil society also has an essential role to play in the development of the evidence base.

No time to lose

The need for guidance in this area is urgent and there is no time to indulge in research for the sake of research. However, the search for knowledge that can inform good decision making should not be viewed as a luxury. A sensible balance must be struck between the ideal of a comprehensive evidence base and the imperative to move fast.

A systematic evidence gathering process that is enriched through broad consultation will earn the trust and support of all stakeholders. The findings and resulting guidance must then be packaged in a way that is accessible, timely, relevant and immediately helpful to all those who have a role to play in implementation.

Examples of existing work and potential information sources

The work on positive synergies is not a process that is starting from first base. A wealth of information already exists and several efforts to gather and analyze data on the interaction between health systems and GHIs are currently underway in a variety of different organizations.

In order to build the knowledge base that will inform the work on positive synergies, and to avoid duplication, existing research efforts must be identified and included in a systematic evidence gathering process.

Examples of existing work

Examples of current evidence gathering initiatives that may be relevant to the work on positive synergies between health systems and GHIs include the following:

- The Alliance for Health Policy and Systems Research (www.who.int/alliance-hpsr) is exploring the effects of global HIV/AIDS initiatives on health systems. Under the umbrella of the Alliance, the Global HIV/AIDS Initiatives Network (www.ghinet.org), involving several academic institutions, is currently undertaking 15 country studies to explore the impact of GHIs on health systems.
- The Centre for Global Development has been working for two years exploring aspects of health funding and monitoring donor behavior in three countries. www.cgdev.org
- The Doris Duke Charitable Foundation is embracing health delivery and systems challenges with a new \$100 million "Africa Health Initiative". www.ddcf.org
- The Royal College of Surgeons of Ireland, with the support of the European Union, is leading a collaboration between universities of the north and the south to conduct research on GHIs in Africa. www.rcsi.ie/researchdb/research_pipprofile.jsp?uid=84&pip=projects
- The GAVI Alliance has published research findings on the systems constraints to scaling up immunization. www.gavialliance.org

- The Geneva Health Forum, a European and international platform for all major actors involved in access to health, is working on strengthening health systems and the global health workforce. **www.genevahealthforum.hug-e.ch/conference_Overview/objectives_scope.html**
- The Global Fund is conducting a five year evaluation, which includes an analysis of the impact of the Fund on health systems, for the purpose of which it is collecting data at sub-national level in eight countries. **www.theglobalfund.org**
- The Global Health Workforce Alliance has undertaken research on the impact of GHIs on human resources for health and has published recommendations. **www.who.int/workforcealliance**
- The Global Polio Eradication Initiative has conducted over 40 studies on the impact of polio eradication on health systems. **www.polioeradication.org**
- Harvard School of Public Health is undertaking implementation research on global health. **www.hsph.harvard.edu**
- Health Alliance International has spearheaded an NGO Code of Conduct for health systems strengthening available at **www.ngocodeofconduct.org**
- The High Level Forum on harmonization and alignment made recommendations on health systems in 2005. **www.hlfhealthmdgs.org**
- The International Health Partnership and associated initiatives (IHP+) has published a series of stock taking reports on national health planning that are available at **www.internationalhealthpartnership.net**
- The London School of Hygiene and Tropical Medicine is undertaking documentation of country level SWAps and has information on the experiences of GHIs entering into SWAps. **www.lshtm.ac.uk**
- The National Institutes of Health (NIH) in the US is calling for proposals on implementation science related to health delivery and systems challenges. **www.health.nih.gov**
- The World Bank is currently undertaking research on health systems. The initial findings from an extensive literature review were discussed at a recent World Bank consultation on integration of health system operations and priority health interventions. **www.worldbank.org**

Other potential sources of information

A range of other information sources also exist and these could be explored as part of the evidence gathering effort over the coming months.

- Presentations by Ministers and other senior country representatives at international meetings.
- Key informant interviews.
- Civil society knowledge on the IHP+ process.
- Country planning documents.
- Annual health sector reviews and related reports.
- Minutes of national meetings.
- National Health Accounts.

Carpe Diem – seize the day

Good planning will achieve more than good luck

The consultation generated a wealth of examples of the ways in which health systems strengthening investments are increasingly being shaped and adapted to accommodate the GHIs and ways in which the interventions of the GHIs are seeking to simultaneously strengthen health systems. However, the discussions also highlighted that a wide range of different approaches to exploiting positive synergies between health systems and GHIs are being applied and tested and that the best outcomes are often dependant on a particular combination of fortuitous circumstances. In the absence of any common framework, many of the benefits are being derived more as a result of positive spill-overs than from a proactive and strategic approach to fostering synergies.

Political and technical dimensions

Systematically exploiting the potential synergies between health systems and GHIs involves both political and technical dimensions. As such, success will demand work on two fronts: technical guidance, and policy that is supported by advocacy for a change of mindset.

The guidance that is produced should aim to provide a flexible scaffolding from which different countries can draw and build on what is useful and relevant to their particular country situation. Reaching and engaging key stakeholders, including decision makers, civil society, the private sector and affected communities, must be at the centre of the effort.

The role of WHO

The work on positive synergies between health systems and GHIs represents one part of the WHO agenda for Primary Health Care and for health systems strengthening. As the lead agency for the work on positive synergies, WHO will use its convening power to bring together both the knowledge and the individuals and organizations that have a part to play in the evidence gathering and policy development. In partnership with others, WHO will also provide support to countries for the implementation and evaluation of the resulting guidance on maximizing positive synergies.

A road map

WHO will proceed to engage different groups, including academic institutions and civil society, to undertake the role of gathering existing information and generating any essential additional evidence in collaboration with programme implementers who are associated with this effort. WHO will continue to liaise with the different constituencies to develop a plan for the overall programme of evidence gathering and analysis work. This plan will be presented on the occasion of the International AIDS Conference in Mexico in August 2008.

WHO will then progress the research phase as rapidly as possible and will hold a series of small stock-taking meetings as the evidence gathering unfolds and conclusions begin to take shape.

Through a broadly consultative process, WHO will develop the appropriate policy and technical guidance and publish this in a format that will be accessible and relevant to all interested parties.

There is no time to lose. The current commitment of country leaders, donors and international stakeholders to achieve the health-related MDGs offers a window of opportunity that must not be missed.

Therefore the timeframe is ambitious. The aim will be to reach agreement on preliminary policy and technical guidance within approximately 12 months from the date of this expert consultation.

List of participants

Dr Nihal Abeysinghe, Chief Epidemiologist, SAPNA Study, Ministry of Health, Sri Lanka

Dr Eddie Addai, Director of Policy and Planning, Ministry of Health, Ghana

Dr Yibeltai Assefa Alemu, Head, National AIDS Program, HAPCO, Ethiopia

Dr Uche Amazigo, Director, APOC, Burkina Faso

Prof. Rifat Atun, Director, International Health Management Program, Imperial College, United Kingdom

Dr Bruce Aylward, Director, Polio Eradication Initiative, WHO, Switzerland

Mr Zacharie Balima, Coordonnateur du Panier Commun, Ministry of Health, Burkina Faso

Ms Pamela Barnes, President and CEO, Elisabeth Glaser Pediatric AIDS Foundation, USA

Dr Saidou Pathé Barry, Programme Manager, Health Policies and Service Delivery, WHO Regional Office for Africa, Congo

Ms Catherine Bartley, Director, Bartley Robbs Consultants, United Kingdom

Dr Sara Bennett, Manager, Alliance for Health Systems Research, WHO, Switzerland

Dr David Benton, Consultant, International Council of Nurses, Switzerland

Dr Marc Biot, Medical Coordinator, Médecins Sans Frontières, Mozambique

Mr Pierre Blaise, Counsellor, Canadian Mission, Switzerland

Prof. Marleen Boelaert, Institute of Tropical Medicine, Belgium

Prof. Ruairi Brugha, Head, Department of Epidemiology and Public Health, Royal College of Surgeons in Ireland, Ireland

Prof. Eric Buch, Head, School of Public Health, University of Pretoria, South Africa

Dr Mark Bura, Health Systems Development Coordinator, ECSA, Tanzania

Dr Craig Burgess, Senior Programme Officer, GAVI Alliance, Switzerland

Ms Celeste Canlas, Partnerships and Coordination, WHO, Switzerland

Dr Francesca Celletti, Medical Officer, Health Systems and Services, WHO, Switzerland

Mr Chris Collinson, Economic Adviser, DFID, United Kingdom

Prof. Alex Coutinho, Executive Director, Infectious Diseases Institute, Uganda

Prof. Bart Criel, Professor, Institute of Tropical Medicine, Belgium

Dr Manuel Dayrit, Director, Human Resources for Health, WHO, Switzerland

Dr Isabelle de Zoysa, Senior Advisor, Family and Community Health, WHO, Switzerland

Ms Pamela Drameh, Health Systems and Services, WHO, Switzerland

Ms Jane Dyrhaug, Partnership and Coordination, WHO, Switzerland

Dr Morris Edwards, Deputy Programme Manager, CARICOM, Guyana

Dr Marco Espinal, Executive Secretary, Stop TB partnership, Switzerland

Mr Joseph Essombo, Country Director, Elisabeth Glaser Pediatric AIDS Foundation, Cote d'Ivoire

Dr Carissa Etienne, Assistant Director-General, Health Systems and Services, WHO, Switzerland

Dr Tim Evans, Assistant Director-General, Information and Evidence for Research, WHO, Switzerland

Dr Tolu Fakeye, National Coordinator, Health Systems Development Project, Ministry of Health, Nigeria

Dr Nathan Ford, Head of Medical Unit, Médecins Sans Frontières, South Africa

Dr Seble Frehywot, Assistant Research Professor of Health Policy and Global Health, George Washington University, USA

Dr Bob Fryatt, Partnership and Coordination Team, WHO, Switzerland

Mr Nicolas Gilbert, Senior Analyst, CIDA, Canada

Prof. Peter Godfrey-Faussett, Professor of International Health Policy, London School of Hygiene and Tropical Medicine, United Kingdom

Dr Laragh Gollgoly, Information and Evidence for Research, WHO, Switzerland

Dr Alan Greenberg, Chair, Department of Epidemiology, George Washington University, USA

Dr Steffen Groth, Director, Essential Health Technologies, Health Systems and Services, WHO, Switzerland

Dr Teguest Guerma, Deputy Director, HIV Department, WHO, Switzerland

Dr Mark Harrington, Executive Director, Treatment Action Group, USA

Mr David Hohman, Health Attaché, US Mission, Switzerland

Dr Monir Islam, Director, Making Pregnancy Safer, WHO, Switzerland

Dr Louise Ivers, Director, HIV Equity Initiative, Partners in Health, USA

Mr Sachin Jain, Harvard Medical School, Partners in Health, USA

Dr Genevieve Jourdan, World Council of Churches, Switzerland

Dr Clifford Kamara, Director of Planning, Ministry of Health, Sierra Leone

Dr Kelita Kamoto, Head of HIV and AIDS Unit, Ministry of Health, Malawi

Dr Patrick Karikari, Medical Director, Komfo Anokye Teaching Hospital, Ghana

Dr Jim Kim, Chair, Department of Social Medicine, Harvard Medical School, USA

Ms Suzanne Kodzi, European Commission, Belgium

Ms Patience Kuruneri, Senior Health Specialist, UNICEF, USA

Prof. Marie Laga, Institute of Tropical Medicine, Belgium

Dr Birgit Lampe, Technical Advisor, Federal Ministry for Economic Cooperation and Development, Germany

Ms Gillian Lancaster, Special Programme for Research and Training in Tropical Diseases, WHO, Switzerland

Dr Benjamin Lane, Health Planning Advisor, WHO, Cambodia

Dr Stefano Lazzari, Senior Health Advisor, the Global Fund, Switzerland

Dr Wuleta Lemma, Deputy Director, Center for Global Health Equity, Ethiopia

Ms Jennifer Linkins, Polio Eradication Initiative, WHO, Switzerland

Dr Rene Loewenson, Director, TARSC and Program Manager, EQUINET, Zimbabwe

- Dr Daisy Mafubelu**, Assistant Director-General, Family and Community Health, WHO, Switzerland
- Dr Amr Abbas Mahgoub**, Regional Adviser, Health Management Support, WHO, Egypt
- Mr Tim Martineau**, Senior HIV and Health Adviser, UNAIDS, Switzerland
- Dr Elizabeth Mason**, Director, Department of Child Health, WHO, Switzerland
- Mr Moses Massaquoi**, Medical Coordinator, Médecins Sans Frontières, Malawi
- Mr Henning Mikkelsen**, Policy Adviser on AIDS, TB and Malaria, European Commission, Belgium
- Dr Gilbert Mliga**, Director, Human Resources Development, Ministry of Health, Tanzania
- Dr Stephen Muchiri**, Chief Economist, Ministry of Health, Kenya
- Dr Albert Mwango**, National Antiretroviral Program Coordinator, Ministry of Health, Zambia
- Dr Victor Mwapasa**, Senior Lecturer, Malawi College of Medicine, Malawi
- Ms Florence Nantulya**, Coordinator, Task Force on Universal Access, UNAIDS, Switzerland
- Prof. Peter Martins Ndumbe**, Dean, Faculty of Health Sciences, University of Buea, Cameroon
- Dr Kedir Nejmu**, Head of Planning and Programming Department, Ministry of Health, Ethiopia
- Prof. José Carvalho de Noronha**, National Secretary for Healthcare, Ministry of Health, Brazil
- Mr Robert Ochai**, Executive Director, TASO, Uganda
- Mr Kelichi Ohiri**, Health Specialist, The World Bank, USA
- Ms Nandini Oommen**, Director, HIV/AIDS Monitor, Center for Global Development, USA
- Dr Gorik Ooms**, Researcher, International Health Policy Programme, Institute of Tropical Medicine, Belgium
- Dr Emmanuel Otiam Otaala**, Minister of State, Ministry of Health, Uganda
- Dr Bolande Oyeledun**, Country Director, Mailman School of Public Health, Nigeria
- Dr Walaiporn Patcharanarumol**, Researcher, Ministry of Public Health, Thailand
- Dr Freddy Perez**, Associate Professor, University of Bordeaux / INSERM, France
- Dr Jos Perriens**, Coordinator, Systems Strengthening and HIV, WHO, Switzerland
- Dr Mit Philips**, Médecins Sans Frontières, Belgium
- Dr Randolph Phillips**, County Medical Officer of Health, Ministry of Health, Trinidad
- Ms Jessica Price**, Country Director, Family Health International, Rwanda
- Dr Sai Subhasree Raghavan**, President, SAATHII, India
- Ms Pamela Rao**, Abt. Associates (USAID), USA
- Dr Hans Remme**, Special Programme for Research and Training in Tropical Diseases, WHO, Switzerland
- Dr Joseph Rhatigan**, Assistant Professor of Medicine, Harvard Medical School, Partners in Health, USA
- Dr Paul Ricketts**, National Epidemiologist, Ministry of Health and Environment, Dominica
- Dr Robert Ridley**, Director, Special Programme for Research and Training in Tropical Diseases, WHO, Switzerland
- Dr Guglielmo Riva**, Health Advisor, Directorate of Development Cooperation, Ministry of Foreign Affairs, Italy
- Dr William Rodriguez**, Director of Research, Global Health Delivery Project, Harvard Medical School, Partners in Health, USA
- Ms Asia Russell**, Director, International Policy, Health GAP, USA
- Prof. Papa Salif Sow**, Head, Department of Infectious Diseases, University Cheikh Anta Diop, Senegal
- Dr Salif Samake**, Directeur de la Planification, Ministry of Health, Mali
- Dr Badara Samb**, Adviser to the Assistant Director-General, Health Systems and Services, WHO, Switzerland
- Prof. David Sanders**, Director, School of Public Health, University of Western Cape, South Africa
- Hon. Patricia Santo Tomas**, Chairperson, Development Bank of the Philippines, Philippines
- Prof. Anjali Sastry**, Senior Lecturer, Massachusetts Institute of Technology, USA
- Dr Fabio Scano**, Stop TB Department, WHO, Switzerland
- Dr Robert Scherpbier**, Department of Child Health, WHO, Switzerland
- Dr Gerard Schmets**, Coordinator, HGS, Health Systems and Services, WHO, Switzerland
- Dr Ramesh Shademani**, Information and Evidence for Research, WHO, Switzerland
- Dr Mubashar Sheikh**, Executive Director, Global Health Workforce Alliance, WHO, Switzerland
- Dr Neil Spicer**, Lecturer, London School of Hygiene and Tropical Medicine, United Kingdom
- Dr Fred Ssengooba**, Senior Lecturer, Makerere University, Uganda
- Dr Sally Stansfield**, Executive Secretary, Health Metrics Network, WHO, Switzerland
- Dr Angelo Stefanini**, Lecturer, Università di Bologna, Italy
- Dr Siripen Supakankunti**, Director, Center for Health Economics, Chulalongkorn University, Thailand
- Dr Aliou Sylla**, Coordinateur sida, Ministry of Health, Mali
- Dr Rudolph Tangermann**, Health Security and Environment, WHO, Switzerland
- Prof. Redda Teklehaimanot**, Professor, Faculty of Medicine, Addis Ababa University, Ethiopia
- Dr Wim Van Damme**, Senior Lecturer, Department of Public Health, Institute of Tropical Medicine, Belgium
- Dr Wim Van Lerberghe**, Coordinator, Partnership and Coordination, Health Systems and Services, WHO, Switzerland
- Mr Enrico Vicenti**, First Counsellor, Italian Mission, Switzerland
- Prof. Gill Walt**, Professor of International Health Policy, London School of Hygiene and Tropical Medicine, United Kingdom
- Dr Wei Ran**, Programme Coordinator, Department of International Cooperation, Ministry of Health, China
- Dr Diana Weil**, Stop TB Department, WHO, Switzerland
- Dr Rebecca Weintraub**, Executive Director, Global Health Delivery, Harvard Medical, School Partners in Health, USA
- Dr Desmond Whyms**, Health Specialist, DFID, United Kingdom
- Dr Marijke Wijnroks**, Health Advisor, Ministry of Foreign Affairs, Netherlands
- Ms Anne Winter**, Advocacy Adviser, FXB Center for Health and Human Rights, Harvard School of Public Health, USA
- Ms Anna Wright**, Consultant, Strategic Communications and Policy, United Kingdom
- Dr Rony Zachariah**, Coordinator, Operations Research, Médecins Sans Frontières, Luxembourg
- Dr Paul Zeitz**, Executive Director, Global Aids Alliance, USA
- Dr Fabio Zicker**, Special Programme for Research and Training in Tropical Diseases, WHO, Switzerland
- Mr Paul Zinti**, Chief Operating Officer, Partners in Health, USA
- Dr Jose Zuniga**, President and CEO, International Association of Physicians in AIDS Care, USA

List of presentations

The following presentations were given at the WHO expert consultation on positive synergies between health systems and Global Health Initiatives (GHIs). All are available in powerpoint format on request from WHO (Health Systems and Services).

Global Health Initiatives: context, challenges and opportunities with particular reference to Africa
David Sanders, School of Public Health, University of the Western Cape

Health systems and Global Health Initiatives – the status of affairs
Jim Yong Kim, Harvard Medical School

Synergies between the GAVI Alliance and health systems strengthening
Craig Burgess, GAVI Secretariat

The Global Fund approach to health systems strengthening
Stefano Lazzari, The Global Fund

The Global Polio Eradication Initiative: achieving positive synergies with health systems
Bruce Aylward, Global Polio Eradication Initiative

President's Emergency Plan for AIDS Relief: building capacity for sustainability
David Hohman, US Mission, Switzerland

Defeating River Blindness (onchocerciasis) and strengthening health systems in Africa
Uche Amazigo, African Programme for Onchocerciasis Control

Synergies between health systems and Global Health Initiatives: the example of Brazil
José Carvalho de Noronha, Ministry of Health of Brazil

Positive synergies between Global Health Initiatives and health systems: HIV and Haiti
Louise Ivers, Partners In Health

Country attempts at synergies between health systems and Global Health Initiatives: the example of Dominica
Paul Ricketts, Ministry of Health and Environment of the Commonwealth of Dominica

Ethiopia: country attempts at positive synergies between Global Health Initiatives and health systems
Nejmuddin Bilal, Ministry of Health of Ethiopia
Wulata Lemma, Tulane University

Global Health Initiatives and health systems: experiences of Thailand
Walaiporn Patcharanarumol, Ministry of Public Health of Thailand

National health systems and global aid for Global Health Initiatives: the interface. A perspective from Rwanda
Jessica Price, Family Health International

Research on the interface between Global Health Initiatives and health systems
Tim Evans, Information and Evidence for Research, WHO

Outcome of World Bank Consultation on Integration of Health Systems and Priority Programs: concepts, evidence and application
Kelechi Ohiri, The World Bank

"Antwerp in Geneva" workshop on AIDS responses and health systems in Sub-Saharan Africa
Marie Laga, Institute of Tropical Medicine, Antwerp

Developing evidence-based guidelines at WHO
Laragh Gollgohy, Information and Evidence for Research, WHO

Health Systems and Services (HSS)

World Health Organization
20, Avenue Appia
1211 Geneva 27
Switzerland

<http://www.who.int/healthsystems>